

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**107009306**

FILING DATE

**16 APR 2002**

APPLICANT(S)

*Howeering*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51	/					
2			/				52	/					
3			/				53	/					
4			/				54	/					
5			/				55	/					
6			/				56	/					
7			/				57	/					
8			/				58						
9			/				59						
10			/				60						
11			/				61						
12			/				62						
13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
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24			/				74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29			/				79						
30			/				80						
31			/				81						
32			/				82						
33			/				83						
34			/	/			84						
35			/	/			85						
36			/	/			86						
37			/	/			87						
38			/	/			88						
39			/	/			89						
40			/	/			90						
41			/	/			91						
42			/	/			92						
43			/	/			93						
44			/	/			94						
45			/	/			95						
46			/	/			96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.			5				TOTAL IND.	2					
TOTAL DEP.			14				TOTAL DEP.	5					
TOTAL CLAIMS			19				TOTAL CLAIMS	7					